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CLINICS.

CLINICAL LECTURES.

Lecture on Pyæmia. B. W. MOXON, M.D., Physician to Guy's Hospital.

The cause of death after great wounds or extensive sores or gangrene was formerly little inquired into; it was ascribed to shock, fever, or suchlike vague considerations. But when post-mortem examinations were made, it was found that internal inflammations are present under these circumstances, and often are evidently sufficient to produce a fatal result. These inflammations, however, are of a peculiar kind. Their most marked feature is a tendency to the rapid formation of pus; hence it was natural to think that the pus had been taken up from the wound or sore, and lodged in the internal part where it was found; and thus the earliest and simplest notion of pyæmia arose. But it soon became evident that the pus in the internal parts is formed by inflammation, and is not simply conveyed there; for the inflammatory process is evident around and in the puriform collection.

The idea and word "metastasis," or transference of a diseased process to a new seat, here lay ready for employment; and, indeed, this vague term still serves a useful purpose in expressing the shifting of a diseased action from one place to another. Still such vague ideas, if accepted as sufficient, repress inquiry; and we must, here as elsewhere, take the facts of the disease,

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and the results of experimental inquiries which may throw light on its actual nature. Such, indeed, has been the course pursued; and now we are in this position, that we have two distinct departments of facts bearing on the question of pyæmia: the facts from human morbid anatomy, and those from experiments on animals.

To take the latter first. Many distinguished observers have studied the effects of injecting putrid matter into the veins or cellular tissues of dogs and other creatures; the result is, the literature of "septicæmia." But the bearing of this on our knowledge of pyæmia is not as yet very direct; for by such experiments we do not generally produce those suppurations that are characteristic of pyæmia as met with in the post-mortem room. The animals experimented on either recover, with or without grave symptoms; or die, generally with diarrhœa and collapse, when the alimentary canal shows, on inspection after death, signs of inflammation, and there are congestions, ecchymoses, or inflammations in the lungs and other organs.

It has been said by Dr. Burdon Sanderson that the poison of pyæmia increases in intensity of action in animals successively inoculated with it one from the other; so that an animal inoculated with matter from the peritoneum of a former victim, just dead of disease caused by inoculation with bacteriferous septic matter, will suffer more violently and die quicker than the first victim; and a third animal inoculated from the second will die yet quicker. So that it appeared to Dr. Sanderson that the poison was capable of intensification by a sort of cultivation. These experiments were repeated by Dr. Goodhart acting with us, but we have, so far, not been able to confirm those results. A first dog died when bacteriferous fluid was injected into the peritoneum; but the second dog, when injected with fluid from the first dog's peritoneum, survived, with but slight symptoms.

I have, with Dr. Goodhart, examined the blood in many living cases of pyæmia, grave erysipelas, etc., without finding any bacteria in it. In making such an observation, one must remember that the blood is apt to contain minute particles, similar to the fat-molecules of chyle; and it requires a microscope of excellent defining power to observe these, and distinguish them from bacteria. Such particles you may not infrequently find in the blood of dyspeptic persons; we have found them in some excess in typhus and other fevers, but never in such quantity as to draw a marked distinction from dyspeptic cases. We have not as yet succeeded in discovering any bacteria in the blood of living pyæmic cases; they are often seen in the discharges of open wounds; we have not yet found them in matter from a hitherto unopened abscess in a living person. They quickly appear after death; and in post-mortem examination, made a few hours after the patient's decease, we have found enormous quantities of bacteria, both in the products of inflammation and to a less degree in the blood. We have seen appearances that would indicate, but not quite certainly, that the bacteria arise from disintegration of white blood-cells or of pus-cells. What part these bacteria play in the causation of septicæmia is as yet uncertain, but there is no inquiry which is of greater interest than this question, nor any that promises more valuable scientific and practical results.

In my experience of deaths from wounds, sores, etc., I have not met with any class of cases that at all closely correspond to these results of experiment by showing enteric disorder, collapse, and quasi-cholerac phenomena. So that I think it is better at present to regard the history of the experiments on animals that I have alluded to as a distinct branch of the history of septic infection, whose bearing on clinical pyæmia is as yet a problem requiring solution.

But if we take the morbid appearances in the human body after death from grave wounds and sores, these form a very definite series, one to which the term "pyæmia" properly applies. I will not describe the well-known appearances of the changes in each individual organ, but will now only consider their distributions in the body, and their general features, so far as will serve to give a view of the nature of the disease. The most frequent

seat of the abscesses is in the lungs, and, as these organs receive the blood from all parts of the body, this at first favours the idea of a simple transfer of the pus or of some cause of pus in the blood from the sore to the lung. In other cases the liver is especially affected, and it is interesting to notice that in these cases the sore is generally in the alimentary canal, from which the liver draws its blood. These two facts raise a very strong presumption that the cause of the pyæmic suppuration in the lung and liver is the introduction of pus, or of a pyogenic something, into these organs from the sore. The proof of this is rendered absolute *in some cases* by our finding in the pulmonary artery, in the lung, or in the portal vein in the liver, a portion of purulent clot, while the veins of the sore contain similar clot; and in all cases the peculiar strict circumscription of the pyæmic inflammatory affection in the lung or liver corresponds suggestively with the like limitation of the distribution of individual branches of bloodvessels in the parenchyma of the organs, thus indicating a dependence of the local disease on some occurrence proper to the vessels.

In some cases no doubt can exist that the lung or liver is thrown into inflammation by the advent of a purulent embolus actually found in the vessels; and thus we have a sufficient explanation of the suppurations in those cases of pyæmia. They arise from embolism, and some would therefore speak of *embolic pyæmia*. We will consider the propriety of this presently. Others, especially in Germany, go so far as to hold that all secondary abscesses arise thus from embolism, and so make all pyæmic suppurations a department of embolism. This we shall see at least the following reasons to think is not correct.

Thus, if we observe the *position* of the pyæmic abscesses in the lung, we find that a very great part of them are limited to the lower lobe, or to the dependent part of the upper lobe, if any at all are present in it; while the ascendent part of the upper lobe is generally quite free, and when affected has far fewer than the lower one: for example, in one instance, out of many, the lower lobe contained thirty-three abscesses, the upper only three. Now if the suppuration depended only upon the casting of emboli into the pulmonary vessels, it would be more likely that the upper lobes would suffer; because, when a person is lying in bed, the breathing, and consequently the circulation in the lung, is freer in the upper part, so that thither the emboli would mostly be carried. Again, although the lung is more usually affected in pyæmia than other organs, yet sometimes you find pyæmic abscesses in the liver, etc., as after injuries to the head, when there are no abscesses in the lung. Yet any pyogenic matter must get through the lung on its way from the head to the liver; and one knows no mechanical reason why matters which have passed the pulmonary should stick in the hepatic capillaries. Again, it is yet more frequent to meet with cases, generally more chronic in their course, where the abscesses all form in the external parts of the body—that is, in the teguments, in the muscular tissue, joints, etc. Such cases may recover through the freedom of the viscera from implication. The affection of the joints is often so marked as to justify the term *rheumatoid pyæmia* as applicable to these; and when we consider that through the medium of gonorrhœal rheumatism and scarlatinal rheumatism, these cases are linked to rheumatic forms of arthritis, we find ourselves getting a long way off the embolic pathology we have just described, because *the regions attacked are not such as are exposed to embolism;* and when, again, we know that cases of pyæmia occur entirely without any kind of wound or sore—I have now seen several cases of idiopathic pyæmia where the most careful search showed the absence of any primary sore—then we find ourselves in another way deprived of the embolic theory—i. e., *because there is no showing any source for the emboli.* Lastly, we must remember that some kinds of pyæmia appear to elect proper seats of secondary suppuration, especially the pyæmia which follows suppurative periostitis, and which produces abscesses in the heart and kidneys, usually without affection of the liver; while, on the other

hand, injuries of the cranium, affecting its sinuses, often produce abscess of the liver. Again, pyæmia after typhoid tends to affect the salivary glands; that after scarlatina to affect the joints.

The above facts, taken severally, show that embolism is not the only cause of pyæmic suppuration; taken together, they go far to reduce embolism to the dimensions of one incident, which, among others, determines the localization of pyæmia on special points.

Now, nothing can be more satisfactory than the history of embolism; we can so well understand how a clot from a suppurating part may be moved on from that part, to set up the same suppuration elsewhere, that the clearness of our knowledge of the incident wants nothing. When, however, we take the rheumatoid cases, which affect chiefly the joints, or other numerous cases where without discoverable emboli the lower lobes of the lungs are chiefly affected, the explanation is not so clear and suffers by the contrast.

Many facts go to show that an impure state of the blood produces greater effects when there is stagnation of it. This is plainly indicated by the position of the abscesses in the dependent part of the lung; but the same truth is also shown by the suppuration of the veins in which thrombi have formed. This I have seen in several marked instances, especially about the prostatic plexus, or behind the valves of the great veins, or in the cranial sinuses. Here the explanation is almost as clear as that of embolism; for it is certain that, when the blood is impure, the impurity will be increased by accumulation where it ceases to circulate, since the effect of circulation is to bring the blood under the action of purifying organs. This we see is so certain that the explanation of the occurrence of suppuration in dependent and stagnant situations is almost as secure as that of embolism; and it is quite possible that the two conditions may coexist, so that *when small emboli are sown broadcast in the vessels of the lungs, those which lodge where the blood is purified freely in the upper part of the lung may not be able to excite suppuration;* while those which stay in the stagnant lower lobes already œdematous and scarce breathing at all, suffice to arouse the inflammatory process.

From these considerations it would seem that, if we may use the term "embolic pyæmia" as signifying cases where embolism is proved to occur, then we may also use the term "stagnative pyæmia" to indicate the formation of abscesses by the stagnation of poisonous matter within coagula in the affected part. The other cases I have alluded to, where the joints, kidney, or liver are especially selected, are not at present susceptible of more than such hypothetic suggestions as that the poison has a natural affinity for the parts that are inflamed. For when we neither have the embolus nor stagnation to explain the local affections, as in cases of the special disorder of the joints in rheumatoid pyæmia, the glands after fevers, the kidney and heart after suppurative periostitis, then we are obliged to assume an attraction between the part affected and the pyogenic matters in the blood. Of course this is unsatisfactory when compared with the clearness with which we can follow the embolus in its course, or anticipate the effects of the stagnation; but it is the best that we can do at present to consider the fixation of pyæmia in the joints as analogous to the fixation of smallpox in the skin and of typhoid in the intestine.

After this general survey of the indications of its morbid anatomy, we must regard pyæmia as made up of blood disease and local inflammations. We can trace several ways in which the blood disease and local inflammations are related to each other.

Firstly. The general disease may greatly predominate, so that the blood becomes unviable, and death occurs with signs of blood poisoning, revealed during life in the form of high fever and rapid fatal exhaustion, and after death by softening of the great viscera and extravasations of blood and ecchymoses within the tissues, no local suppurations being found.

Also, here we must remember that some cases of pyæmia of a most characteristic kind are found without any kind of sore whatever; we should not say this so strongly unless we had, in several instances,

searched with the utmost care through all parts of the body and found no primary disease.

But, in many cases, such pyæmia as this is traceable to the contagion of fevers —such as scarlatina and diphtheria. It is especially to the pyæmia of the puerperal state that this applies. The result of Dr. Hicks's observations showed that, in by far the majority of cases of puerperal fever, the patient has been exposed to contagion of some known fever. The existence of a proper pyæmic contagion is a matter much contested at present; and there is a further contest, among those who would admit such a contagion, upon the question whether the poison enters by the wound or by the natural surfaces of the patient. Such facts as Dr. Hicks has adduced would show that contagion, in some cases at least, is introduced as in other fevers; while the at least partial success of Lister's antiseptic plan of treating wounds would suggest that the wound itself is a principal entrance for some pyæmic contagions. It will naturally be thought that the pyæmia arising from scarlatinal poison is not properly pyæmia at all; but, in the present state of the inquiry, Dr. Hicks's evidence would show that, if it is not so, such fever is at present confounded with pyæmia; in other words, that clinical pyæmia *now* includes many cases of various forms of fever, modified by the products of a suppurating, placental, or other sore.

Secondly. In another kind of pyæmia the wound or sore produces a morbid matter, which is absorbed, and so poisons the blood. It is probable that the pyrexia of surgical fever is principally caused by the absorption of the products of the wound; so that this kind of pyæmia is allied to common surgical fever. The prevention of putrefactive changes in the discharge of the wounds averts the danger of pyæmia from this cause; and the success of the antiseptic method shows sufficiently the importance of this source of blood poisoning. It creates, however, only one kind of pyæmia, characterized by its appearing later, and running a more chronic course, with secondary suppurations.

It is believed by some that there is a pyæmic *contagion*, which acts first upon the wound, and enters the system there; but further observations are required to substantiate this hypothesis.

Thirdly. In some cases that go by the general name pyæmia, the whole affection is confined to the formation of purulent thrombi in the veins, and the conveyance of these to the lungs as emboli, where they set up secondary suppurations. Such a process is too simple and clear to need further remark.

In these three divisions, each of which is represented by some unquestionable cases, we have three *kinds* of pyæmia—kinds, that is, in the sense that they are disorders of an entirely distinct nature. But I would wish you to notice that they are not different kinds in the sense of being incompatible or neccessarily alternative; far otherwise: they may all coexist. It is quite possible that a wounded person may breathe the contagion of a fever or some other foul matter, his blood thus becoming poisoned; and that, as a consequence of this, the secretions of his wound may be more putrescible, thus producing noxious matter that is absorbed into the blood, adding another depraving element, whose tendency is to set up remotely the condition present in the wound; and again, that the low state to which nutrition is reduced may render the veins vulnerable, so that these inflame, and produce purulent thrombosis, from which embolism conveys portions to start abscesses elsewhere. And although I do not prefer the lumping together of distinct alternatives into one view, yet it is probable that, in the genesis of pyæmia, this association of distinct elements in its causation actually does occur; and that pyæmia is first started by a depraved state of the blood, and that this reacts on the wound, causing in itself and in the vessels around the putrefactive and phlebitic changes which lead to those internal suppurations which give to pyæmia its distinctive characters and its name.

The view I have given, then, may be thus summed up: Simple embolism, of purulent absorption, or general fever due to contagion, severally form distinct varieties of what is called pyæmia; but in

many cases, perhaps the majority, all these conditions exist together.—*Lancet*, Nov. 14, 1874.

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Paraplegia of Pott's Disease.—M. Charcot, in a recent clinical lecture at the Salpêtrière, remarked, that the paraplegia which often accompanies Pott's disease has been attributed to the compression of the cord by the curved spine. In the great majority of cases this is an error; in fact, all these curvatures are not accompanied by palsy, and it is not the most decided curvatures that are complicated by it; while, on the other hand, the paraplegia may exist before any curvature has taken place. Lastly, in a good many patients who have both the paraplegia and the gibbosity, the former is cured without the latter undergoing any modification. Pott himself believed in this independence of the two affections, and the recent researches of M. Charcot and his pupil, and M. Michaud, have established the correctness of his views, and established the nature of the morbid process which precedes and explains the paraplegia.

According to these researches, there takes place in Pott's disease a "caseous osteitis," an osteitis which gives rise to true abscesses which distend the vertebral ligament, and in the end rupture it. The caseous matter is then spread along the spinal canal through the medium of the conjunctive tissue which separates the vertebral ligament from the dura mater, to which the Germans have given the name of *peri-meninge*. Under the influence of the contact of this matter the dura mater becomes inflamed and thickened (*pachymeningite caseuse*) and gives rise to a kind of growth which compresses and strangles the spinal cord. At this point the cord in its turn becomes inflamed, and a true *sclerosis* is produced, with a more or less complete destruction of the nervous tubes. Thus, Pott's disease (save in exceptional cases of compression by the gibbosity or by a scale of bone) is a myelitis. And what is of interest to note is, that the lesions of the medulla, however considerable these may be, are not irreparable, and that the destroyed nervous elements may be reproduced, if not entirely at least sufficiently to re-establish the communication between the two segments of the cord, and consequently to restore sensibility and motion to the paralyzed limbs.

Recovery from paraplegia in Pott's disease is not an exceptional occurrence, but almost the general rule. It takes place spontaneously, but may be hastened by appropriate treatment; and this treatment consists in the application of caustics opposite the gibbosity, and on each side of the spinal column, as already recommended by Pott. This is a purely empirical procedure; but its efficacy is too well established to allow of our depriving patients of the benefit it produces on this ground. M. Charcot prefers, however, the application of a small actual cautery, and a remarkable instance of its efficacy was narrated at the lecture. A Polish girl, aged fifeeen, was sent from Warsaw to be under M. Charcot's care, and on passing through Berlin was seen by Langenbeck, who was informed of M. Charcot's intention to apply the actual cautery. He strongly dissuaded her parents from allowing this to be done. Nevertheless she came to Paris, and after a second application of the cautery she was able to walk, and a fortnight afterwards she paid a second visit to Langenbeck, furnishing him with an irresistible proof that empirical treatment when accepted and wielded by men of science has its favourable side also.

It must not be supposed that this treatment succeeds as well in ordinary myelitis as in that which accompanies Pott's disease. Far from this, very serious accidents may result here from its employment. It is not very rare to find patients declaring that they have been able to walk a little until this treatment was applied, after which time they entirely ceased to be able to do so.

After the lecture M. Charcot exhibited several patients the subjects of Pott's disease, who after having for some time suffered from paralysis, had recovered the use of their limbs consequently on two or three applications of the cautery. In most of these the paraplegia had existed for eighteen months. In none of them

had there been congestive abscess. It sometimes happens that in the subjects of paraplegia the thigh becomes flexed on the pelvis, and the leg upon the thigh, the muscular contractions being so great that the patients are unable to walk even after the paraplegia has been cured. This inconvenience may be remedied by tenotomy.—*Med. Times and Gaz.*, Dec. 26, 1874.

HOSPITAL NOTES AND GLEANINGS.

Pericarditis with Effusion; Aspiration of Pericardium; Immediate Relief and Ultimate Recovery.—Mr. T. H. BARTLETT, Surgeon to the General Hospital, Birmingham, records (*Lancet*, Dec. 19, 1874) the following very interesting case:—

Dr. HARVEY, under whose care the case is, reports that the patient, Henry H., aged twenty, had been for fourteen days suffering from acute rheumatism, but under his care for four days only. Symptoms of pericarditis were observed on Dr. Harvey's first visit. On Nov. 13th he found the patient suffering from urgent dyspnœa. There was a considerably increased area of cardiac dulness and marked failure of pulse. At noon on Nov. 13th Dr. Russell saw the patient with Dr. Harvey, and reports: Very feeble and rapid pulse; very rapid breathing; much dyspnœa.

Cardiac dulness extended to one inch to the right of the sternum, and to the upper border of the first rib above, though here the dulness was not complete. The limit of the dulness on the left side was uncertain, owing to effusion in the chest. On auscultation, the heart-sounds were very feeble and distant; no friction-sound. There was a faint mitral bruit. The character of the heart-sounds was not affected by posture. The impulse of the heart could not be felt, otherwise than as an ill-defined movement of the chest-wall at the region of the apex, spreading over a space the size of a crown-piece. The history of cardiac disorder at a former period suggested the possibility of pericardial adhesion.

At 8 P. M. on Nov. 13th aspiration was performed. A No. 2 aspirator needle, unguarded, was used. This was passed in the intercostal space between the fourth and fifth ribs, two inches to the left of the central line of the sternum. The needle was used as an exhausted needle; and directly the pericardium was penetrated, as shown by fluid freely passing into the aspirator, the point of the needle was pressed up against the chest-wall as closely as possible. The fluid flowed freely to fourteen ounces, and then stopped flowing. It was deeply tinged with blood, and deposited speedily a scanty coagulum, and subsequently a layer of blood débris. The supernatant fluid, still somewhat tinged, has a specific gravity of 1024.

During the latter part of the operation it was noticed by all present that the needle could be felt when held by the finger to be moved with the contraction of the heart. The patient was breathing deeply from pain or excitement, and thus prevented any cardiographic movements of the needle being *seen*. During and for half an hour after the operation the patient complained of severe aching pain. This ceased after a dose of fifteen minims of liq. opii. After the operation the line of dulness had receded to close upon the middle line of the sternum. The subclavian dulness had not disappeared, but was much less marked.

Nov. 14. Had passed a good night Dr. Harvey thought the dulness a little increasing.

15*th*. Reported considerably better. Lying down with ease; no dyspnœa; marked improvement in his look; pericardial dulness hardly reaches the right edge of the sternum. The first and second intercostal spaces are clear; third rib partly so.

Dec. 3. Dr. Harvey reports that pericardial dulness has nearly disappeared, and the pleuritic fluid has been mostly absorbed. Now that the heart-sounds can be plainly heard, a loud regurgitant mitral sound is developed.

10*th*. Dr. Harvey reports to-day that the patient is able to sit up and walk about in the house.

Remarks.—This case shows the ease and safety with which paracentesis pericardii can be performed, for the relief of

urgent symptoms resulting directly or indirectly from pericardial effusion. There was no difficulty in the operation itself, nor was there any subsequent symptom to mar the steady progress of the case to recovery. One point more is of especial interest—namely, that no peculiar or unfavourable importance need be attached to a free admixture of blood with the fluid withdrawn.

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Penetrating Wound of the Abdomen, with protrusion of three feet of small intestine; treated by ice, carbolic oil, and opium; recovery without peritonitis.—Ass. Surg. Cheytun Shah reports the following case of this. A woman, at 4 A. M., June 23, was stabbed in her belly on the right side, nearly midway between the ribs and crest of the ileum. Small intestine, nearly 3 feet, protruded through the wound, which measured 3½ inches in length. She was brought to the Peshawur City Charitable Dispensary four hours after infliction of the injury, with the intestine strangled, congested, and slightly lacerated, probably by some unskilful attempts at its replacement. The pulse was very low, and the patient in great danger. The intestine was replaced after enlarging the original wound, and ice applied to the part. Opium was administered internally at regular intervals, so that the pain was subdued, and not allowed to be felt. No indication of inflammation appeared, and on the second day carbolic oil was substituted for the ice. No untoward symptom followed, excepting slight costiveness of the bowels, which was complained of, but was not interfered with for the first four days, after which, however, they were moved.

The wound healed favourably with little suppuration, and the woman was discharged cured after about three weeks' residence in hospital.—*Indian Med. Gaz.*, Nov. 2, 1874.

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Trifacial Neuralgia of the right side; loss of taste in the right side of the tongue; loss of sight and of the sense of smell on the same side.—An interesting case of this, in a man 32 years of age admitted into the Lariboisière Hospital, is recorded (*Le Progrès Médical*, Dec. 5, 1874) by M. Fioupe, Interne des Hôpitaux. On post-mortem there was found carcinoma of the dura mater which so compressed the Gasserian ganglion that it was impossible, notwithstanding the most minute dissection, to trace the branches given off from it. It was only at their point of emergence from the tumour that the ophthalmic branch and the superior and inferior maxillary nerves could be made out, and their course from this traced.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Passage of Scissors through the Abdominal Walls after being Swallowed.—Dr. H. B. Sands (*New York Med. Journ.*, Dec. 1874) exhibited at a late meeting of the New York Pathological Society a scissors five inches long, which had been swallowed by a patient in a lunatic asylum. The history of the case was given him by Dr. Edward Farrel, of Halifax, N. S., and was substantially as follows:—

The patient was afflicted with suicidal mania, and stated that she had swallowed a scissors, but, inasmuch as she was addicted to lying, she was not believed. Some time after this she complained of pain in the right side above the umbilicus, and to the right of the median line. A tumour appeared, which was poulticed; an ulcer formed, and it was then found that the points of the scissors were protruding. Sponge-tents were introduced to enlarge the opening, but, from threatened peritonitis, their use had to be abandoned. From this opening intestinal and biliary matters came away, which showed a communication with the pyloric extremity of the stomach, if not the small intestine. It was found that the scissors, as presenting, could not be removed; but by unfastening the rivet, one blade, then the other, was successfully removed. The blades were five inches long and three-fourths of an inch wide.

Twelve hours after the exit of the last blade, there was no trace of biliary or intestinal matters, and in two days the wound had completely healed up, and very shortly after she was perfectly well.

The patient also stated that she had

swallowed the plug of a bath-tub some time previously, and found it to pass by the rectum without any difficulty.

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Diphtheria.—The Board of Health of New York has published (*Medical Record*, Jan. 9, 1874), for popular information, the following precautions which should be observed wherever diphtheria prevails:—

Precautions—(*a.*) *The Dwelling or Apartment.*—Cleanliness in and around the dwelling, and pure air in living and sleeping rooms, are of the utmost importance where any contagious disease is prevailing, as cleanliness tends both to prevent and mitigate it. Every kind and source of filth around and in the house should be thoroughly removed; cellars and foul areas should be cleaned and disinfected; drains should be put in perfect repair; dirty walls and ceilings should be lime-washed, and every occupied room should be thoroughly ventilated. Apartments which have been occupied by persons sick with diphtheria should be cleansed with disinfectants; ceilings lime-washed, and woodwork painted; the carpets, bed-clothing, upholstered furniture, etc., exposed many days to fresh air and the sunlight (all articles which may be boiled or subjected to high degrees of heat should be thus disinfected); such rooms should be exposed to currents of fresh air for at least one week before reoccupation.

(*b.*) *When Diphtheria is Prevailing.*—No child should be allowed to kiss strange children nor those suffering from sore throat (the disgusting custom of compelling children to kiss every visitor is a well-contrived method of propagating other grave diseases than diphtheria); nor should it sleep with nor be confined to rooms occupied by, or use articles, as toys, taken in the mouth, handkerchiefs, etc., belonging to children having sore throat, croup, or catarrh. If the weather is cold, the child should be warmly clad with flannels.

(*c.*) *When Diphtheria is in the House or in the Family.*—The well children should be scrupulously kept apart from the sick in dry, well-aired rooms, and every possible source of infection through the air, by personal contact with the sick, and by articles used about them or in their rooms, should be rigidly guarded. Every attack of sore throat, cough, and catarrh should be at once attended to; the feeble should have invigorating food and treatment.

(*d.*) *Sick Children.*—The sick should be rigidly isolated in well-aired (the air being entirely changed at least hourly), sunlighted rooms, the outflow of air being, as far as possible, through the external windows by depressing the upper and elevating the lower sash, or a chimney heated by a fire in an open fireplace; all discharges from the mouth and nose should be received into vessels containing disinfectants, as solutions of carbolic acid, or sulphate of zinc; or upon cloths which are immediately burned; or if not burned, thoroughly boiled, or placed under a disinfecting fluid.

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Library of the College of Physicians of Philadelphia.—We are happy to be able to state that the report of the Library shows an unusually large increase during the past year, 1293 volumes having been added, of which number 694 were contributed to the Lewis Library by its munificent founder. Among the acquisitions during the past year may be mentioned the Journal Complementaire, 48 vols.; Henke's Zeitschrift, 103 vols.; Journ. Kinderkrankheiten, 58 vols.; Deutsche Klinik, 64 vols.; Provincial Med. Journal, 15 vols.; London Med. and Physical Journal, 64 vols.; Dublin Med. Journal, 24 vols.; Callisen's Medicinisches Schriftsteller-Lexicon; Proceedings of the Royal Society, 19 vols.; the Anatomies of Albinus, Hawkins, and Rosenmueller; the works of Sennertius; Lavater on the Physiognomy; a number of British Blue Books, and a collection of works on the Diseases of the Eye.

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The Preston Retreat.—It appears from the report of Dr. WILLIAM GOODELL, Physician-in-charge, that during the past year, 136 women were admitted into this well-managed institution, and with 13 remaining from the previous year make a total of 149. The number of births was 141, of which 86 were males and 55 females, including three pairs of twins. The

total number of patients admitted since the house was first opened is 811.

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The Children's Hospital.—It appears from the annual report of the managers of this most useful charity that 148 patients were admitted, and 185 cases treated during the past year. There were 4422 cases treated at the dispensary, a large increase over previous years. We regret to learn from the treasurer's report, that the hospital is in need of additional funds. There is no institution which more strongly merits than this the aid of those having the means and the disposition to promote charitable objects.

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Dr. T. G. Thomas on the Diseases of Women.—This work has been translated into German and French, and it is stated, we are pleased to see, that an edition in Spanish and one in Italian are in preparation.

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The Weather in Philadelphia during 1874.—The following is a record of the state of the thermometer and of the rainfall for each month of the year 1874, as compiled from the records kept at the Pennsylvania Hospital. In the following table are given the highest and lowest points reached by the thermometer in each month of the year, as compared with the corresponding months of the two preceding years:—

Months.	Highest.			Lowest.		
	1874.	1873.	1872.	1874.	1873.	1872.
	deg.	*deg.*	*deg.*	*deg.*	*deg.*	*deg.*
January,	65.5	59.	48.	11.	2.	10.
February,	72.	47.	54·5	12.	1.	13.
March,	66.	62.	62.	29.	8.	6.
April,	66.	70.5	85.	24.50	36.5	33.
May,	86.	89.	91.	38.	47.	44.
June,	97 5	95.	94.	55.	51.	58.
July,	94.	96.5	98.	64.	62.	70.
August,	93.5	93.	97.	58.	61.	58.
September,	89.	90.5	95,	53.	48.	53.
October,	72.	80.	80.	39.	34.5	37.
November,	61.	60.	59.5	26.	23.	15.
December,	55.	67.5	48.5	14.	19.5	5.
Year,	97.5	96.5	98.	11.	1.	5.

The mean temperature of the month of December, 1874, was 36.08 degrees; December, 1873, 38.37 degrees. The average mean temperature for the month for a period of 37 years is 34.7 degrees.

The mean temperature of the year 1874 was 54.08 degrees; for 1873, 53.86 degrees; average of the means since 1825, 53.55 degrees. The warmest year recorded during this period of 49 years was 1870, the mean temperature being 56.83 degrees; the coldest year of that period was 1836, having a mean of but 49 degrees.

The total rain-fall during the year was 38.088.

The average rain-fall during a period of thirty-seven years is 46.13 inches. The highest rain-fall during that period was in 1867, when 60.06 inches fell, and the lowest on record was in 1825, when but 29.5 inches fell. The greatest quantity of rain that has fallen in any one month was in August, 1867, when 15.81 inches fell. The least was in September, 1846, amounting to only .25 inch.

The coldest day recorded in 1874 was the 16th of January, the thermometer marking 11 degrees. The warmest was June 29th, reaching 97.5 degrees.

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Long Abstinence.—Dr. A. A. Whitney records (*Peninsular Journal Med.*, Jan. 1875) a case in which a man 75 years of age, during a sickness of seven weeks, took and retained only about two ounces of solid food, and a similar amount of liquid nourishment. There were varying periods of from ten to eighteen days, when absolutely nothing but water and ice was taken. On post-mortem an inch of fat was found over the abdomen at the umbilical region, and the intestines and omentum were covered with fat.

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Obituary Record.—Died, at Detroit, on the 18th of December, 1874, in his fifty-fourth year, Richard Inglis, M.D., Prof. of Obstetrics in the Detroit College of Medicine, and formerly President of the Michigan State Medical Society.

——— On the 11th of December, 1874, in the 55th year of his age, James Van Zandt Blaney, the founder of the *Chicago Medical Journal*, and for many years its editor.

FOREIGN INTELLIGENCE.

Death from Chloroform.—A young lad, aged 14, died on the 15th inst., at the Royal Free Hospital, whilst under the influence of chloroform. Mr. F. J. Gant, surgeon, said, that when the deceased was admitted, it was thought that the hip had been dislocated. When he examined the lad, it gave him great pain. He ordered Mr. Thompson, house-surgeon, to administer chloroform. The chloroform was administered for about two minutes, during which time about sixty drops were inhaled. The deceased seemed to be half sensible; and on looking round, they saw the lad fainting, and in a dangerous state. Silvester's respiratory method and galvanism were applied, but without effect, for the lad died at once. A *post-mortem* examination was made. All the organs were sound. The cause of death was syncope from the effects of chloroform. A verdict of death from misadventure was returned.—*Brit. Med. Journ.*, Dec. 19, 1874.

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Death from Methylene.—On Dec. 17, a death occurred at the Royal London Ophthalmic Hospital from the administration of bichloride of methylene. The patient was a woman aged twenty-five, suffering from fistula lachrymalis and caries of bone in the neighbourhood of the lachrymal sac. A week previously the upper canaliculus had been laid open, together with a part of the outer wall of the sac, and a probe of large size was passed down the duct through an obstruction at its upper part. On that occasion the patient took methylene without any unfavourable symptom. On Tuesday two attempts were made by Mr. Couper to pass the probe, but as the patient seemed unable to endure the pain, it was thought advisable to have recourse to an anæsthetic. Bichloride of methylene was administered in the usual way by Mr. Buller, who for the last two years has been accustomed to administer this agent almost daily at the hospital, by means of a perforated leather inhaler covered with flannel. Three drachms by measure were poured into it (the ordinary quantity for an adult being four drachms). At the end of about two minutes after the inhaler had been placed over the mouth and nose of the patient, her breathing suddenly became loud and stertorous. The anæsthetic was at once discontinued and the operation commenced. When the inhaler was removed the lips and cheeks were ruddy, but an unusual pallor of the alæ of the nose and skin around the mouth was noticed. The respiration, however, continued deep, full, and exaggerated. The inspirations were accompanied by loud palatal stertor, and the nostrils were observed to be flaccid, but there was no impediment to free access of air to the lungs. Some seconds afterwards the pulse at the wrists rapidly failed, and then ceased almost suddenly, but the respiration continued for some time, and then failed rather suddenly. The tongue was immediately dragged forwards with forceps, and artificial respiration, by Silvester's method, established. The lower limbs and pelvis were at the same time gently raised from the couch, so as to favour gravitation of blood towards the brain. The face and breast were smartly slapped with a wet towel, and ammonia was applied to the nostrils. A strong solution of brandy and ammonia was thrown into the rectum as soon as possible, but was imperfectly retained, owing to relaxation of the sphincters. Artificial respiration was continued for forty minutes, but, with the exception of two or three sighing inspirations at intervals within the first few minutes, no sign of returning life was shown.—*Lancet*, Dec. 19, 1874.

In the succeeding number of the *Lancet*, in commenting on this case, Mr. George Pollock asks the very pertinent questions: "Is it not time that the profession should determine to discountenance and discontinue the use of chloroform and other dangerous anæsthetics, and have recourse alone to the administration of ether in operations of any duration?"

"If chloroform often kills, if bichloride of methylene is occasionally fatal, if the inhalation of ether is safe, is it not almost criminal to have recourse to the use of anæsthetics known to be attended by risk, in preference to one in which there is comparatively no element of danger?"

We are glad to learn from Mr. Pollock that, in his private practice, ether is the sole anæsthetic he uses, and that at St. George's Hospital the administration of chloroform has been long discontinued, and ether has been substituted.

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Recurrence of Measles Four Weeks after a First Attack.—A child of fifteen months (recorded by Dr. L. FAYE in *Deutsche Klinik*, No. 24, 1874) was attacked with measles at the same time as a great many other children. The attack was a very mild one, and lasted only seven days. A month after the first attack a second eruption, of the same mild character, showed itself. In connection with this case the author mentions that, at Christiania, Bidewsky observed a like relapse after fifteen days' interval, and Taulon after three weeks. Similar facts have been observed with scarlet fever. The explanation of these facts is rather difficult, as the idea of a new infection can scarcely be admitted.—*Lancet*, Jan. 2, 1875.

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Infusion of Myrtle.—Dr. DELIOUX DE SAVIGNAC recommends (*Révue Medico-Photographique*, Oct. 1874) this as a useful and agreeable injection in leucorrhœa. The berries or leaves, containing both essential oil and tannin, are the best parts of the plant for this purpose. From ten to fifteen grammes should be infused in a litre of boiling water, and, if powerful astringent action is desired, from twenty to thirty grammes may be used. The injection should be used cold or tepid, and in large quantities (three or four litres), and thrown up as high as possible. The application is much liked by women on account of its pleasant odour.—*Med. Times and Gaz.*, Dec. 26, 1874.

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Subcutaneous Injection of Carbolic Acid in Traumatic Erysipelas.—Dr. HIRSCHBERG relates (*Berlin Woch.*, Nov. 30) the case of a slaughterman who accidentally cut his upper arm, the wound being about five inches long, and penetrating the muscles. A good deal of venous hemorrhage followed. On the second day a bad attack of erysipelas of the arm came on. A two per cent. solution of carbolic acid was injected subcutaneously at the upper boundary of the erysipelas, and next day all traces of erysipelas had disappeared. The injections were repeated five times within the next three days, and the wound healed far more rapidly and with much less suppuration than could have been expected.—*Med. Times and Gaz.*, Dec. 16, 1874.

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Capillary Puncture of the Bladder.—M. FOCHIER, at a recent meeting of the Lyons Society of Medical Sciences, read a paper (since published in the *Lyon Médical*, December 6) "On Capillary Puncture of the Bladder and the New Indications which it gives rise to and fulfils." He is a very warm advocate for an operation which he has found alike simple, efficacious, and harmless, and which admits of very frequent repetition over a small extent of surface. He passes under review the various circumstances under which it is indicated, viz.: 1. Enlarged prostate, with complete retention or complicated with false passages or with inflamed or irritable urethra, as also partial retention, when catheterism is difficult or dangerous. 2. When the urethra is the seat of inflammatory or traumatic lesions. 3. In stricture that is impermeable or accompanied by false passages or ammoniacal catarrh. 4. In women in whom catheterism is impossible during labour, in retroversion of the uterus, and in the compression caused by tumours. M. Fochier's general conclusions are—1. Whether the retention be total or partial, the innocuity of capillary puncture (even in cases in which the peritoneum has been pierced by it) is such that it should interdict catheterism wherever this is impossible, difficult, dangerous, or very painful. 2. Wherever it would be of advantage not to allow of the urine passing along the urethra, and the bladder has risen above the pubes, puncture should be had recourse to, even when urine passes by the canal.—*Med. Times and Gaz.*, Dec. 26, 1874.

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The Causation of Scarlet Fever.—Dr. J. G. HENDRICK, of Edinburgh, is at present engaged in a research on the causation of scarlet fever, of which there

is an epidemic at present in Edinburgh. Microscopic examination with high powers reveals, we understand, the presence in the mucus, from the tonsils and in the skin, of minute bodies similar to those discovered by Klein in typhoid fever, and by Klebs in diphtheria.—*Brit. Med. Journ.*, Dec. 26, 1874.

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The Prevention of Sea-sickness.—Dr. Giraldès has published, in the last number of the *Journal de Thérapeutique*, an account of the means by which he avoided sea-sickness during two passages to England and back. He was at Boulogne last June *en route* for London, when the weather was so rough that many intending passengers hesitated to cross the channel. Dr. Giraldès was informed by a colleague at Boulogne that American physicians used the syrup of chloral, as a preventive of sea-sickness with successful results. He therefore obtained some syrup of chloral, put himself into a quiet corner, and took his syrup directly the vessel was in motion, when, although his fellow-passengers experienced the usual unpleasant consequences, he arrived at Folkestone without having suffered the least inconvenience. The same results were obtained on the return voyage; but he increased the amount of chloral. He had again occasion to cross the channel at the end of September, by the night boat from Calais to Dover, and thinking with reason that the sea would be rougher at that season than usual, he had a draught made up composed of chloral, 3 grammes (45 grains); distilled water, 50 grammes; gooseberry syrup, 60 grammes; and French essence of peppermint, 2 drops. He took half of the draught as the vessel left the harbour, and arrived at Dover without having suffered in the least from sea-sickness, whilst his companions were in the usual condition of prostrate misery. A very heavy sea was running. On his return from London on October 30, there was a high sea and much wind; he accordingly took the remaining portion of his draught, soon went to sleep, and only awoke on his arrival at Calais in the best possible condition. Dr. Giraldès remarks that he is, as a rule, affected by sea-sickness when he crosses the channel, and that his two trials of chloral have convinced him of its efficacy as a preventive of that most disagreeable malady. He adds that he never goes down into the cabin, but makes himself as comfortable as circumstances will allow on deck.—*London Medical Record*, Dec. 9, 1874.

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New Liniment for Scabies.—Dr. Clemens gives the folowing formula in the *Allg. Med. Central Zeit.*, Dec. 9th, 1874: Take of arsenious acid, one grain; carbonate of potash, fifteen grains; spirit of soap, three drachms; spring water, three ounces. The liniment to be rubed twice daily on the parts affected. It is said to be efficacious, and unattended with any trouble or inconvenience. The carbonate of potash is added to the arsenious acid to promote its solubility, and to prevent the too rapid drying up of the liniment. Dr. Clemens has used this application for the last five years with the best results. Of course disinfection of the clothes is useful; but where such cannot conveniently be carried out, the liniment lying on the body serves as an attraction to the acari, which, by reaching it from the clothes, perish in it. Very little of the quantity mentioned in the prescription is necessary, and the frictions have always proved harmless as far as the digestive organs are concerned. It does not hurt the youngest child.—*Lancet*, Dec. 6, 1874.

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Hydrate of Chloral as an Antiseptic and Disinfectant.—Dr. Heron Watson has been lately making extensive trial, in his wards in the Royal Infirmary, of hydrate of chloral as an antiseptic and disinfectant. It is used in the form of an aqueous solution of about five grains to the ounce, and also as an ointment combined with paraffin, white wax, and almond oil. It answers the purpose admirably, and is found to be a non-irritating application, while at the same time it cleans and heals sores and keeps down the bad smell. It is also being tried as a preservative solution for pathological specimens, and appears likely to be very useful for that purpose; but there has not yet been sufficient time to test it thoroughly.—*British Med. Journal*, Dec. 12, 1874.

Comparative Effects of Sea and Mountain Air.—Professor Beneke, of Marburg, makes some observations in the *Deutsches Archiv für Klinische Medicin*, March, 1874, on the comparative influence of sea and mountain air on the system. He believes that he has ascertained experimentally that bodies part with their heat much more rapidly on the sea-coast than on mountain heights. This explains why it is that metamorphosis proceeds more rapidly at the sea-side than elsewhere, and that an increased amount of urea and a diminished quantity of uric acid and earthy phosphates are met with in the urine. The increased abstraction of caloric makes an increased production necessary, and accordingly leads to greater rapidity of metamorphosis. If these observations are verified Beneke points out that we will have a much more definite indication for the recommendation of particular climatic changes. As the increased metamorphosis depends, *cæteris paribus*, on the rapidity with which heat is abstracted from the body, it follows that, in mountain air, the processes of change will be less considerable than at the sea-side. Accordingly irritable, nervous, excitable people will find themselves better in mountain air; on the other hand, scrofulous subjects, and persons with good digestive organs, who have been overworked, will derive greater benefit from a sojourn at the sea-side. The diminished atmospheric pressure at considerable elevations is also of importance, both by rendering bodily movements easier, and by increasing the activity of the respiratory movements. In making his observations, Beneke was careful to exclude every source of error, such as might be caused by difference of temperature, moisture, and winds, and he can only refer the remarkable differences which he has observed to the diminished density of mountain air making it a worse conductor of heat.—*London Med. Record*, Dec. 23, 1874.

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Sanitary Value of Iron Water-Pipes.—It appears from the following that iron water-pipes have a distinct chemical value. Professor Medlock proved by analysis, several years ago, that iron, by its action on nitrogenous organic matter, produces nitrous acid, which Muspratt called "Nature's Scavenger." The latter chemist found, as a general result, that by allowing water to be in contact with a large surface of iron, in about forty-eight hours every trace of organic matter was either destroyed or rendered insoluble, in which state it could be purified effectually by filtration. Medlock found, on examining the water at Amsterdam, which smelt and tasted badly, that the sediment charred on ignition, and was almost consumed, showing that it consisted of organic matter. He also found that water, instead of taking iron from the service pipes, before entering them contained nearly half a grain of iron to the gallon; while in the water issuing from the pipes there was only an unweighable trace. Before entering the reservoir, the water holding iron in solution formed no deposits, while the water coming from the pipes, and freed from iron, gave organic sediment above mentioned. He then made analysis of water brought in contact with iron, and water not in contact, with the result that the water which had not touched iron contained 2.10 grains of organic matter, and 0.96 grain iron; the other gave only a slight trace of both, showing plainly that the organic matter in the water was either decomposed or thrown down by contact with iron, and this water, when filtered, was found to be clear, of good taste, with no smell, and free from organic matter. It is not stated in what shape the iron was held in solution, but it was probably in that of carbonate, the usual iron salt in springs.—*Sanitary Record*, Dec. 19, 1874.

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Invalid's Kitchen at Leeds.—The annual meeting of the supporters of the Leeds Invalid Kitchen was recently held in that town. This institution, which is worthy of imitation in other places, is evidently engaged in most useful work, that is, in providing, during illness and convalescence, wholesome and nutritious food, beef-tea, and other articles of diet for invalids among those persons to whom their provision would, without assistance,

be an impossibility. Medical attendance is now within the reach of the poorest classes who care to have it, and medicines may generally be obtained, but those well acquainted with the poor know how useless it is in large numbers of cases for a doctor to order beef-tea, or broth, or meat, or even such simple articles as gruel or barley-water, which are often even more important than medicine. The very poor cannot buy the necessary materials, and in a large number of cases even if the money were given to them, they would scarcely know how to lay it out to advantage, still less to cook the ingredients properly, if they had the proper utensils. The Leeds Invalids' Kitchen, from the report which was read by Mrs. Stacey, is apparently doing, and doing well, this important work under the control of a committee of ladies. The funds of the Institution appear to have suffered during the past year from the high price of meat, and the chairman in expressing his pleasure to become an annual subscriber of 5*l.*, and appealing for other assistance, called attention to the fact that the expenditure of a few shillings in nourishing diet in many cases of illness will save a life, and in still more cases materially shorten an illness. The truth of this is beyond question, and from a sanitary point of view such institutions as the Leeds Invalid Kitchen are worthy of most cordial support, especially in large towns, where real poverty principally exists, and is more likely to be overlooked.—*Sanitary Record*, Dec. 19, 1874.

The usefulness of such an institution in a community can scarcely be overestimated, and we trust that similar establishments may soon be organized in our own large cities.

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Inoculation with Bee Poison.—Mr. George Walker, of Wimbledon, in a letter to the editor of the *British Bee Journal*, opens up the interesting question as to whether immunity from the pain and other injurious effects of the sting of the bee can be obtained by inoculation. The subject, it appears, is referred to in "Wood's Book on Bees," and Mr. Walker, noticing the manner in which the owner of the Hanwell apiary managed his bees (the stings apparently having no effect upon him), asked him how long a period it required to make a man sting-proof, and was answered that his son had only been a short time working with bees and was quite free from any of the usual effects of bee-stings. Mr. Walker determined to put the matter to the test of experiment. The *modus operandi* was as follows: He went to one of his hives, caught a bee, placed it on his wrist, and allowed it to sting him, taking care that he received the largest amount of poison by preventing it from going away at once. The first few stings he got during this experiment had the usual effect; the whole of his forearm was affected with a cutaneous erysipelas, and there was disorder of the nerves, accompanied with heat, redness, swelling, and pain. This attack lasted till Tuesday, and on Wednesday, Oct. 7th, he was so far recovered that, following the same plan, he stung himself three times more, also on the wrist. The attack of erysipelas this time was not nearly so severe, but, as before, he felt a stinging sensation as far up as his shoulder, and he noticed that a lymphatic gland behind his ear had increased considerably in size, the poison being taken up by the lymphatic system. On Saturday, Oct. 10th, he again treated himself to three stings, and the pain was considerably less, though the swelling was still extensive. At the end of the next week (Oct. 17th) he had had eighteen stings; then he stung himself seven times more during the next week, and reached the number thirty-two on Oct. 31st, the course of the experiment having lasted very nearly four weeks. After the twentieth sting there was very little swelling or pain, only a slight itching sensation, with a small amount of inflammation in the immediate neighbourhood of the part stung, which did not spread further.—*Lancet*, Dec. 19, 1874.

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Obituary Record.—In London, on Nov. 27, aged 79, Sir James Ranald Martin, C.B., F.R.S., President of the Medical Board at the India Office, for the examination of Indian officers.

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HENRY C. LEA, Philadelphia.